

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		45	7/3
O.I.P.E. CLASSIFIER	<i>me</i>		
FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim		Date	
Final	Original		
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Claim		Date	
Final	Original		
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Claim		Date	
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If more than 150 claims or 10 actions  
staple additional sheet here

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